she was certain something was wrong. I verified this statement by finding the cord and an arm down in the vagina, and the waters of course discharged. Left transverse cephalo-iliac presentation of the left lateral plane (Cazeaux) was diagnosed. As this was my first case of shoulder presentation, and as the pains were slow and feeble, and the general condition of my patient good, I determined to send for the aid of my senior partner, Dr. G. E. Plaster; and afterwards for two other physicians, none of whom could come. It was then 2 A. M. I made some ineffectual efforts at version, and, as there still seemed to be no hurry, I waited until morning, when I obtained the services of Dr. Plaster. The pains were now strong and frequent. We anæsthetized her with a mixture of chloroform and ether, and made several attempts at version, but in vain. We could reach and bring down one foot, but owing to the uterine contractions (which were hard) and discharge of the liquor amnii, we could not change the position of the body; and the foot, as soon as released, would resume its former position. We were baffled and were consulting what was best to be done, when the patient called to us that the child was being born. Exposure of the woman showed that rotation had been effected, bringing the head in front and to the *right*. The shoulder had *ascended* to some extent, carrying with it the arms, whilst the left side was *descending* bent sharply on itself. With a little aid the breech was brought down and delivered, then the shoulders and head.

I regret that the child (still-born) was not weighed. However it was well developed and was certainly not under 8½ lbs. The woman had some tenderness over the uterus, accompanied with high fever for several days, also inability to move the legs on account of *separation of the pubic articulation.*

She recovered entirely in a few weeks. Dr. P. related to me a similar case of spontaneous evolution which occurred in his practice some years ago.

In this connection I would say, that I also had a case of right posterior occipito-iliac position some time since, in which the occiput rotated into the hollow of the sacrum. The child was born without difficulty (it was not very large and the pelvis was roomy), and both it and the mother did well.

Atropiæ Sulphas in Acute Myringitis. By A. N. ELLIS, A. A. Surg. U. S. A.

Having been very familiar with the effects of the active principle of belladonna in painful and troublesome affections of the eye, I was led to use it in acute inflammation of the drum.

About one year ago a soldier, standing near a cannon while the piece was being fired, suddenly experienced severe pain in the head accompanied with hemorrhage from the ears. His sufferings were great. I saw him about six hours after the accident occurred. After carefully syringing the ear, illumination showed fracture of the malleus and the seat of the hemorrhage. Acute inflammation of the drum supervened.

Placing the patient in bed, a few drops of a solution of sulphate of atropia (grs. iv, ad aq. ℥j) were dropped into the ears, six leeches were placed directly in front of the meatus, six more upon the mastoid process. The effects were all that could be desired. Since that time I have used the atropia in many cases of myringitis, and in *every case* with the *best results.* I am convinced that the prompt use of the remedy, conjoined with that of leeches and perfect rest in the recumbent position, will in almost every case give instant relief, thus arresting perforation of the drum and consequent suppuration.

FORT CRAIG, NEW MEXICO.

DOMESTIC SUMMARY.

Physiological Action of the Hemlock and its Alkaloid.—The *Proceedings of the Academy of Natural Sciences of Philadelphia* (Part ii. 1875) contains an account of nearly 90 careful experiments made by Dr. B. F. LAUTENBACH, to determine the physiological effects of conium. These results differ from those of Dr. Harley. The following are the conclusions which he draws from his experiments, and which seem to be legitimate deductions from them:—

"1. Conia, instead of being poisonous to plants, as has heretofore been supposed, really acts as a preservative; the alcoholic extract of hemlock, however (probably through some impurities which it contains, but, above all, not through the action of conia, which it rarely contains), acts poisonously on plants.

"2. When locally applied, conia produces a progressive loss of functional power in every highly organized tissue with which it comes in contact. If such contact be not continued too long, the tissue may recover, even after a total suppression of its function.

"3. In inducing complete repose of the muscular system, conia powerfully predisposes to sleep, but it is not a hypnotic in the sense that opium is.

"4. The convulsions produced by a poisonous dose of hemlock are cerebral, and not spinal, as has heretofore been imagined.

"5. Conia produces a double effect on the motor-nervous system—a paralyzing effect on the periphery of the efferent or motor nerves, and a depression of the motor tracts of the spinal cord. In almost all the experiments the former occurred first and predominated, the paralysis of the cord not occurring until the period of death, but in two experiments the peripheral paralysis failed to occur, while the spinal paralysis was manifest much earlier.

"6. The increase in the number of heart beats, which occurs early in conia-poisoning, is due to paresis of the pneumogastrics; the subsequent decrease is due to paresis of the vaso-motor nerves, this paresis being due to commencing paralysis of the motor tract of the spinal cord.

"7. The primary acceleration in the respiratory movements is also due to pneumogastric paresis, while their diminution, which soon occurs, is caused by, and proceeds *pari passu* with the paresis of the spinal motor tract.

"8. The salivary secretion is the only secretion markedly increased by a poisonous dose of conia.

"9. The voluntary muscles escape unscathed in conia poisoning; their contractility, however, may be destroyed by soaking in a concentrated solution of the alkaloid. Contractions of the non-striated muscular fibres of the alimentary canal and bladder are caused by poisonous doses.

"10. Contraction of the pupil only occurs when the drug is directly applied to the eyeball; it is then due to irritation. The dilatation of the pupil occurring after the absorption of conia is due to paresis of the peripheral extremities of the ciliary branches of motor-oculi nerves, no longer enabling the sphincter of the iris to counteract the radiating fibres supplied by the more slowly paralyzing sympathetic nerve.

"11. Conia, unlike almost every other drug of the materia medica, and contrary to the statement found in all works on therapeutics, causes a decided increase in temperature.

"12. The genital depression attributed to conium by the ancients must have depended entirely on their imaginations, and not on atrophy of the testes and mammæ.

"13. Conia is absorbed and is eliminated unchanged by the kidneys."